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## Workplace learning: depression as an 'undiscussable' topic in eight information and communications technology organisations in South Australia

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More than 800,000 Australians every year are affected by depression. Despite evidence that depression is manageable, that people can be successfully treated in individually appropriate ways and that earlier identification and treatment are associated with more rapid recovery, depression appears to be poorly recognised and understood. In this paper, I focus on depression in the workplace. Semi-structured interviews were conducted with human resource managers in eight organisations within the deregulated information and computing technology sector in South Australia. I focus on managers' ability to access information about depression, and their beliefs about the value of work-based education about the illness. I also report on managers' understandings of prevailing attitudes towards depression and mental health education in their workplaces. The analysis is conducted within a qualitative, interpretive framework.

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### **Introduction: the impact of depression on the Australian workforce**

There is an increasing recognition of the impact of depression on Australians (Andrews 2001, Hickie 2002). According to Hickie (2001), it affects over 800,000 Australians every year and over six million working days are lost annually due to people experiencing episodes of depression. Current data indicate that depression is certainly manageable, that people can be treated in individually appropriate ways with great success and that earlier identification and treatment are associated with more rapid recovery (Australian Health Ministers 1998, Hosman & Jane-Llopis 1999, Kline & Sussman 2000, Parker 2003, 2004, Australian Health Ministers 2003).

Nevertheless, depression appears to be poorly understood by many Australians (Jorm & Parslow 2002, *beyondblue* 2007). Moreover, people with depression are often marginalised in workplaces, being regarded as non-productive and an expensive burden on business (Jorm & Parslow 2002). Haslam, Brown, Hastings and Haslam (2003) found that many people were secretive about having depression as they were fearful of being stigmatised. While it is reported that various state and federal programs are beginning to increase public awareness of the impact of depression (Hickie 2004, Jorm & Parslow 2002), *beyond blue: the national depression initiative* (*beyondblue* 2007) highlights the results of multiple surveys and formal research, which in summary indicate that:

- there is a stigma attached to depression by both employees and employers
- there is a general lack of awareness of depression as an illness
- there is discrimination in the workplace against employees with depression
- people are unlikely to reveal that they are depressed for fear of the consequences.

According to Jorm (2000), Byrne (2000), Gabriel and Liimatainen (2000) and Bolton (2003), the apparent stigma attached to depression in the workplace and associated fear of disclosure can be challenged by using a range of approaches including workplace-based mental health education. When discussing the urgent need for the promotion of mental health in order to protect, support and sustain the emotional and social well-being of the Australian population, The National Mental Health Plan (Australian Health Ministers 2003) stated that:

The media have a role to play in community education regarding mental health ... settings such as schools, workplaces, primary care and community organisations are particularly suitable for such education. (p.17)

From an economic perspective, education could assist with productivity and, from a social justice perspective, it could lead to a reduction in discriminatory workplace activities. Moreover, given that early detection and treatment leads to earlier recovery, information about how to recognise depression, and when and how to seek individually appropriate support and treatment, would assist employees who may be depressed.

### **The research**

Against this background, I undertook a series of interviews during 2004 focusing on the deregulated information and communication technology (ICT) sector in South Australia. My own education and employment experiences had fostered my belief in the value of assisting employees and providing workplaces free of discrimination in which employee well-being was considered a desirable goal. However, my observations and experiences while working within the ICT sector regularly challenged this belief.

I therefore undertook research in ICT workplaces in order to develop an understanding of managerial perceptions of depression in the

private ICT sector and what access managers had to information which could assist them. My focus was on organisational awareness of depression in employees and perceptions of the appropriate care of depressed employees. As I explained to the participants, the aim of the research was not to investigate the causes of depression or to explore its rate of occurrence in their workplaces. Irrespective of causal factors, I wanted to conceptualise what managers *understood* about supervising employees with depression. I also sought insight into organisational attitudes both towards workers with depression and towards assisting them in their daily workplace interactions. From this information, I hoped to gain some comprehension of managerial perceptions of depression and the origins of these perceptions. Ultimately, I aimed to be able to recommend appropriate approaches towards depression in order to ameliorate what I had observed anecdotally while employed in the ICT sector to be discriminatory and disenfranchising behaviour.

### Methodology

Because I sought to explore and understand individuals' perceptions and experiences, I chose a qualitative methodology, concluding that this would more richly and fully describe the phenomenon from the perspectives of both the participants and me as the researcher. Ideally, this dual perspective can contribute to the reader's own understanding of the phenomenon under investigation (Hoepfl 1997). Stake (1978), Eisner (1991) and Pope and Mays (1995) propose that qualitative studies provide a 'voice', and that data emerging from the research provide insights into participants' experiences, perceptions of the world around them and of social constructions that they use to understand their world. One of the aims of qualitative research is to develop realisations about the social understanding and activities in participants' environs, highlighting the meanings attached to them by participants and illuminating the experiences and views of all participants (Pope & Mays 1995). As I was interested in investigating

tacit and/or overt social learning about the value of workplace education about depression, qualitative research methods provided me with a mechanism to explore and understand the participants' social, work-world (Morse 1991, Strauss & Corbin 1998). Walsham (1993: 4–5) describes such studies as understanding experiences through the meanings that people assign to them, 'aimed at producing an understanding of the context of the information system, and the process whereby the information system influences and is influenced by the context'.

### Method

My research involved undertaking interviews with managerial staff employed in the private sector of ICT in South Australia. The organisations canvassed were active in the fields of software development, engineering, hardware development and support, computer training and education, website development and ICT consulting. I sought the participation of people whose responsibilities included personnel or human resources management within these organisations. Of the twenty-four organisations approached, eight agreed to participate in the research. Table 1 provides details of these organisations and the interviewees.

*Table 1: Characteristics of participants and participating organisations*

Title of interviewee	Number of employees	Location of head office
Quality Manager/ Admin support person	20	Adelaide
Adelaide Office Manager	7 in Adelaide	Interstate
Managing Director	6	Adelaide
Practice Manager	30 in Adelaide	Adelaide with interstate offices
Director of Operations	24	Adelaide
Senior Human Resources Consultant	350 in Adelaide	International, HRM offshore
Managing Director	20	Adelaide
Human Resources Manager	270 in Adelaide	International, HRM for Adelaide office in Adelaide

In their survey of 1,435 small to medium Australian organisations across most industry sectors, Wiesner and McDonald (2001: 37) found that almost 70% of organisations did not have a designated human resources manager. In the context of the current research, similarly only the two large, internationally-based organisations employed a designated human resources manager or consultant. Of the small to medium enterprises, one individual had multiple roles of quality management, administration support and reception. In the other cases I interviewed the most senior person in the office. These people had all designated themselves as being responsible for human resources in their organisation.

This research is one component of a larger study in which managers were asked a total of thirty semi-structured questions. Although many significant themes emerged from the research, I focus on the following emergent themes for the purposes of this paper:

Managers' knowledge of and access to educational resources which could assist them while working with employees with depression

Managers' beliefs in relation to work-based education about depression

Managers' beliefs about their employees' understandings of and attitudes towards depression and work-based education about it.

In the following discussion, the term 'SME manager' refers to managers of small to medium sized enterprises.

### **Results: employee education**

None of the organisations had a depression or mental health awareness program in any form.

Regardless of the size of the organisation, managers appeared to support education related specifically to ICT, rather than education that, to them, seemed peripheral to the economic existence of the enterprise. The 'development' of the individual in ways that could be associated with anything other than immediate, technologically-allied skills did not initially appear to be a major concern to them. They cited priorities and lack of budget as highly problematical. One manager explained that: 'We are not dealing with grief etc. The training budget here barely covers project management.' Another SME manager explained that '[the organisation's name] isn't strong on training, lack of money really'.

Two managers referred unequivocally to the relevance of 'the bottom line' and variations of 'In this industry, the managers need to know that the training will add value' were consistent across several organisations.

The SME managers described their organisations as having neither the time nor the allied fiscal freedom to support education that was

not relevant to what they identified as their immediate business needs. Training related to depression was perceived as not clearly work-related, and thus not a high enough priority, and was assumed to be 'not of interest to engineers'.

This reticence about undertaking work-based, mental health education is characteristic of the low uptake of any forms of training activities by managers and employees in SME enterprises (Bartram 2005, Billett 2001). Dawe and Nguyen (2007: 12) cite 2001–2002 findings of the Australian Bureau of Statistics that, while small businesses employ approximately 3.6 million people in Australia, only one third of them provide any structured training for their employees. Gray (1994) and Greenbank (2000) describe managers in SMEs as reactive: they pursue training which they believe will assist them to deal with their perceived immediate business requirements or which they perceive emerging as a result of specific commercial demands, rather than as planned employee proficiency enhancement programs (Lange, Ottens & Taylor 2000, Matley 2000, Vinten 2000).

### **Organisational silence**

In relation to the topic of depression, the interviews revealed a general inclination towards organisational silence. One manager was initially eager to add information about depression to her organisation's intranet as soon as possible and stated that she was keen for me to refer her to websites about depression as soon I returned to the university. After more thought, however, she clarified that she would put the information under the topic of general health and well-being rather than under the heading 'depression', explaining that this would be 'more subtle'. Similar ideas about the 'private' nature of depression – and therefore necessarily discreet access to material about it – were reiterated by several other managers and emerged across the organisations. One SME manager summarised depression as being 'a hidden problem. Some people may not even let you know if they are on medication. It's a cultural taboo type area.'

The interviews provided insight into organisational cultures which encourage privacy and non-disclosure of personal issues and in which a rational, non-emotional approach to work can flourish. Depression was regarded both as a problem and as something that was not discussed in their workplaces.

Nevertheless, managers were willing to report on what they believed their employees thought about depression, giving information about employee perceptions readily and without query. It is possible that titles such as 'manager' or 'managing director' and so on had imbued the holders with a sense of having privileged voices; the managers' images of themselves emerged as ones in which they assumed that they had ready access to a deep understanding of their employees' thoughts and beliefs. Perhaps this reflected their personal sense of hegemony.

When asked to describe what they considered their employees' beliefs about depression to be, one manager explained that: 'In this industry, they wouldn't articulate it ... I think that engineers are less likely to reveal their emotional attitudes'.

The belief that employees do not want to reveal their emotions was echoed by other managers who stated that:

It varies between individuals; they probably don't talk about it. They are reasonably optimistic and chin up. There are really both extremes of harsh and gentle. They would get frustrated with some behaviours though, they are private, non-intrusive and introverted.

Men don't do a lot of talking about it, not like in the forces ... there they all rely on each other in life and death situations.

One of the things I like about Australian culture is the 'she'll be right mate, things work out' attitude; I think it's a socio-cultural thing. I don't think they think about depression much.

The admiration of the heroic worker who forges on, unfettered by thoughts about personal concerns or problems, is reminiscent of McGowan's (2003: 9) discussion of 'bolstering your workplace identity'. In this latter example, however, the manager was also endorsing what he perceived to be an Australian attitude of not dwelling on matters such as depression.

One manager explained that '[t]hey wouldn't articulate it [that they were depressed]; they are engineers you know'. Another stated that: '[t]here is a veneer in Adelaide, there is a lid on; it's polite and restrained, and people sweep depression under the rug'. Yet another respondent claimed that:

There is a lot of repartee, they all support each other. They know they can talk about what they feel about the company here. I'm happy with that, but there has to be a line ... it can be problem that gets like a disease, how far is it likely to go?

In response to the question, *What do you think contributes to these attitudes and beliefs about not discussing personal matters like depression?*, some managers appeared to choose their words very carefully, often hesitating before answering. In some cases this may reflect a deeper level of thoughtfulness given to a question that they had not previously considered. It may reflect levels of psychological introversion, that is, pausing and thinking through to form a full response before replying (Myers & McCaulley 1985, Kroeger & Theusen 1992, Thorne & Gough 1991). In their replies, several participants described most of their employees as being 'too private' or 'introverted' to delve into other people's problems or to discuss their own.

Much later in the interview process and in the context of some of their earlier replies, I asked, *How could you encourage employees to attend programs/training courses about depression in the workplace?* Responses included variations of the idea that, while employees might attend such education if they were given free beer

and pizza, most suggested that people would definitely prefer to attend something that was technical and therefore 'relevant to their jobs' – for example, 'if there was a firewall server course, there'd be a pile up at the door'.

The notion of their employees being reticent about attending workplace mental health education and therefore the need to disguise or soften the topic was described by four people in slightly different areas in their interviews. Each person expressed reservations about making the topic 'too obvious', one person suggesting that whatever education was made available needed to be in 'a subtle and unobtrusive way; if it's on the internet and available at all times, it defuses the mystique'. Information needed to be 'safe' for both the employer and the employee, because 'these people may be touchy, too, if they are depressed'.

## **Discussion**

Although the word 'silence' was not used by anyone interviewed, the belief that depression was not something talked about in the workplace was consistent across organisations. A culture of silence is inherent in managers' descriptions of employee introversion, a preference for non-disclosure of personal problems, their predicted lack of voluntary attendance at work-based education about depression and general managerial disquiet and lack of knowledge about depression. Silence was not regarded as problematic by any of the participants, with the exception of one manager who advocated 'open door' policies to enhance employee morale, but who described such policies as problematic given that 'we are talking engineers here'. In every interview, the managers endorsed their quiet, rational workplaces. A tacit notion of the undesirability of 'emotions in the workplace' emerged. The people in these organisations appeared to sanction what they perceived as the quiet nature of their employees. They did not want to upset the *status quo* by delving into employees'

personal lives and, furthermore, stated a preference for their staff to have only private, personal access to information about depression.

Currently, management education about emotions in the workplace is proliferating in Australia, and in many cases emotion is presented as a negative facet of human life. For example, websites designed to teach people how to manage workplace emotions focus on anger, stress and irritability, all of which are generally associated with bullying. Emotions that can enhance the workplace such as joy, happiness and job satisfaction are not included in discussions of emotion found in management training brochures and marketing websites. These are exemplified by one Australian organisation which offers a course in *Managing emotion in the workplace*, the description of which is as follows:

This workshop focuses on understanding anger and aggression and possible causes of this challenging behaviour in the workplace. Organisational and individual strategies to minimise and manage customer aggression and ways to support staff will be addressed. (Zip Training Consultants 2008)

Further to this, the Australian Government initiative website, *Job Access*, notes under the heading 'Displaying appropriate emotions at work' that:

It is important for all of us to manage or control our feelings and emotions at work. Regular outbursts of anger, sadness, excessive worry or panic can lead to an inability to focus on the task at hand, impact negatively on co-worker morale, affect team work and compromise both safety and productivity. Inappropriate positive emotions such as over-exuberance or over-excitement can also result in difficulties interacting with others at work. (Job Access 2008)

With the exception of workplace training and education that deals with 'emotional intelligence', emotions emerge by default as synonymous with the negative end of the spectrum. It would

seem that emotions are tacitly considered to be undesirable in some workplaces. This reflects Goffman's (1959, 1973) concept of the necessity for people to undertake 'impression management' in organisations. It is also related to Hochschild's (1979, 1983) description of the need to manage one's emotions, either by inducing or inhibiting them as the circumstance in the workplace requires.

While Boden (1994) proposed that it is through talking that people in organisations construct understandings about organisational policies and procedures and generally learn the way in which things are done in their particular workplaces, Ryan and Oestreich (1991) and Morrison and Milliken (2000) extended this line of thought. They described how silence (as opposed to voiced discourse expressed through talking, emails and so on) is a powerful method for avoiding or suppressing topics that can be of concern to organisations. Ryan and Oestreich (1991) coined the term 'undiscussables' to refer to matters that are not spoken about, such as grievances about managers, co-worker performance, conflicts and personal problems. In the enterprises that I researched, topics such as personal problems or depression emerged as these undiscussables.

Further to this, when referring to depression and to people who were depressed, depersonalising labels such as 'this sort of thing', 'these people', 'those people' and 'people like that' occurred across most of the interviews. The use of vague pronominalisation (McGowan 2003: 5) and of the passive voice resulted in depression being something other and something with no name.

Additional disclosures provided further insight into how the organisational cultures of privacy and non-disclosure of personal issues were expressed. There were three references to various forms of 'employment for fit', whereby managers chose employees who would perpetuate the prevailing cultural climate in which private, non-intrusive behaviours were promoted as the norm. Perhaps the most unambiguous endorsement of silencing was when one manager

explained that the organisation did not want to draw attention to the topic of depression, because everyone would think that depression was an acceptable reason to take time off work and would do so. This 'absolute silencing' (McGowan 2003: 8) of depression conveys notions about the importance of work productivity and reflects the belief of some managers that people are intrinsically lazy by nature (Morrison & Milliken 2000) or exploitative of their workplace's generosity.

In one large organisation, the human resources manager explained that the organisation provided the services of an Employee Assistance Program (EAP) to assist their employees. However, the human resources staff did not delve into the reasons why their employees sought assistance: 'HR just gets the invoices so it's very private ... if they need a lot of [therapeutic] work, they can do it after hours'.

When asked, *What steps would you undertake if someone in your workplace was suffering from depression?*, managers generally expressed a reluctance to get involved:

Oh, I think that I'd try and find out the problem, hmm, I'd include the other MD, he's better at talking about that sort of thing ... Maybe I'd advise them to go to their doctor.

I wouldn't like to dabble too much. With a family friend, I have personal interest, but general people in the office ... I would prefer that they got to see a psychologist ASAP.

I'd tell them to go their GP right away.

Straight to the EAP.

These responses reflect Kitchener and Jorm's (2004) findings that, prior to undertaking a Mental Health First Aid training course in government department workplaces, participants in their study were not confident in providing personal help to people with mental illnesses or depression.

When further asking, *Would you make any referrals for colleagues with depression?*, I also prompted in some instances with suggestions such as: *What other sources of information and places or referral do you know about?* or *What are your resources and networks?* The small business managers relied primarily on family or friends, some of whom were serendipitously employed in professions in which they had skills and knowledge they believed could be of assistance to them:

None yet, but we will know that we have had the comp[ensation] case.

I'd probably tell them to go and see their doctor or someone who they could talk to about it ... and I'd probably ask my sister-in-law, she's an HR consultant and we can seek her advice.

My wife is a GP. I'd tell them to see their GP.

My wife and Dad, and of course we have a corporate lawyer and an accountant.

This reliance on personal contacts echoes the finding of Still and Soutar (1996) who found that, in a study of 91 small and micro business operators in New Zealand, accountants and family members were described as the principal and most effective sources of support in all their business activities by assisting them with problem solving or by being available with general advice or assistance. In that research, the government agencies which provided support services for small business were used less and rated lower than personal contacts. Eight years later, similar results have emerged in the current study, suggesting that managers and owners of small businesses are still isolated from the networks that could support them. Van Laere and Heene (2003) assert that small business managers need to develop, maintain and extend relationships, thus ensuring that their social circles include people who could assist with matters such as social and psychological support, in order to reduce the risk of isolation at the very times that assistance of this nature is needed.

Further to this, Moyle's (1998) research supported the notion that managers should indeed be able to provide support to their employees. However, the obverse of this becomes problematic, as managers may not have reciprocal relationships with their employees and hence not have a relationship of upwards support from them (Lindorf 2001: 275). Instead, the managers in Lindorf's research reported that, although workplace relationships were available to them, it was their spouse or partner who provided them with 'care, consolation and acceptance' (p. 280) when dealing with work-related problems. Lindorf hypothesised that this self-silencing in the workplace was associated with a fear of disclosure about problems to colleagues because the managers themselves could then be perceived as lacking in competence for their roles. The useful support (as articulated by the managers in Lindorf's research) that did emerge was that provided by co-worker peers rather than by subordinates or superiors. For the lone managing director, chief executive or manager working in a small to medium enterprise, this would obviously be problematic.

While silence in organisations has been described by Whyte (1994) as the space used in reflection for inspiration, much literature interprets silence as a collective absence of voice that occurs as a result of 'widely shared perceptions among employees that speaking up about problems or issues is futile and/or dangerous' (Morrison & Milliken 2000: 708). In this sense, silence is regarded as a cause for managerial concern in that it is indicative of employee dissatisfaction. Alternatively, a culture of silence and introversion may reflect employer sensitivity towards an employee's need for quiet space to indulge in critical reflection, during which time they could evaluate their work inwardly, without the external distractions of the workplace around them. This purposeful alienation demonstrates 'empowerment' (Driver 2003: 6) in that it allows the individual to perceive new realities and new perspectives without being confined or moderated by external critical appraisal. It would seem that this

would be a highly desirable facility in organisations engaged in intensively creative and mentally challenging tasks such as designing software prototypes for industry or defence projects. This kind of silence was described by one manager in this way:

We do a lot of research and development work and with that you don't really know if someone is productive or not; you just design and see if it works, and they might be suffering silently but it's hard to measure in R[esearch] and D[evelopment] ... They just work quietly ...

Another explained, '[t]hey are really doing creative things, amazing things and they worry quietly'. He later elucidated:

... And the way that I've designed this building, I want them to be in a place that is quiet, I want them to feel comfortable and they can be quiet, I want them to be in a place that creates.

While two comments suggest a caring if not paternalistic attitude towards employees, one manager was unambiguous in his explanation that he believed he had a moral mandate to look after his employees:

The job selects people who are more likely to be depressive. They think more, suffer more deeply and are more sensitive ... it's the pace that's demanded of them. Sometimes I feel like I have to be a Dad here, they are very easy to imagine slights, they get upset ... we do expect a lot creatively.

On being asked, *How do the engineers support each other?*, one manager responded:

In small teams, there might be some support, but as a whole, they have the 'let them get on with the job' approach, both managers and colleagues, hmm, ahh, umm, they don't get involved ...

I asked for clarification: *They don't intrude?* He smiled and said, '[t]hat's it, that's the word I wanted – they don't intrude, they are

'non-intrusive'. There is an underlying tension between this manager's earlier endorsement of open communication, the need for engineers to learn people skills, and organisational duty of care, and his desire to maintain workplace ignorance about depression in case employees took time off work that would impact on productivity. These comments were interspersed with his own questions about the validity of claims of depression. This tension reflected Hennestad's (1990) description of 'double bind leadership', in which senior managers claim to encourage employees to speak about things that concern them, yet use tacit and/or informal tactics to silence any opinions that differ from their own.

While silencing such as this can have the effect of reinforcing existing hegemonic structures and organisational processes, and maintaining the *status quo* of prevailing power dynamics (McGowan 2003), silence has also been described variously as reflecting a strategy by which employees can attempt to influence the decisions of supervisors (Creed 2003). Employee silence in relation to personal matters and non-attendance of mental health education without incentives could be interpreted as 'refusing to reproduce the reality of the master-signifier' (Bohm & Bruin 2003: 263) by which means employees can expose the limits of the hegemonic manager.

Furthermore, the managers whom I interviewed did not appear to be concerned about their employees' lack of communication with them. Silence was seen as an inevitable state of affairs related to introversion, non-intrusiveness, or with the engineers' inherent personalities. This degree of employee reserve, however, is reminiscent of Milliken, Morrison and Hewlin's (2003) study in which they found that employees chose silence because they were concerned about being perceived as negative in the eyes of their employers. This concern was validated by one manager who suggested that employees in her organisation who were 'grieved' might be regarded as 'just high maintenance' by supervisors.

Noelle-Neumann (cited in Bowen & Blackmon 2003: 1393) describes 'a spiral of silence' in which individuals are increasingly less likely to speak up about an issue if it is not supported by others. Further to this, Bowen and Blackmon 2003: 1432) assert that people within minorities (citing gay and lesbian employees as typifying such individuals) are particularly at risk of self-silencing because they have learned that expressing social difference fully and frankly in the workplace is not tolerated. People with depression also share many of the descriptions of membership of a minority whose total personal identity cannot be fully expressed through fear of exclusion and stigmatisation.

Dyne, Ang and Botero (2003) assert that employee silence is not the lack of voice, but rather, is more appropriately understood as a construct in itself. They propose that silence has three facets which are parallel to the types of 'voice' which are openly articulated in organisations, but the inherent danger in silence is the lack of obvious, external behavioural cues and lack of real, concrete data (words, emails and so on) which lead to employers being likely to make incorrect assumptions about what their employees are thinking or feeling in the workplace.

When asked about the education or information resources they would like to offer in their workplaces, six of the eight interviewees suggested unobtrusive or discreet measures such as workplace access to web pages of 'good quality' rather than some form of workplace-based group training sessions. While internet resources would appear appropriate for employees in the ICT industry who can be assumed to be computer literate and who are perceived to be characteristically 'private', it would also seem that these proposals reinforce the silencing that had emerged throughout many of the interviews. Although these managers were not overtly discouraging talk about depression, they were nevertheless passively tapping into the vein of silence.

Ignorance about both the existence of reliable information and how to access it emerged. This was demonstrated by participants' earlier responses and by their concept of what constituted desirable material, given that there was some already available to them via the internet at the time of the interviews in 2004. Despite the managers stating that they all used the web extensively, none were aware of the many websites relating to mental health issues and support for depression which were endorsed by state and federal bodies (for example, *beyondblue*, CRUfAD, bluepages, bluesnews, healthysa.sa.gov.au and depressionnet). Further to this, no participants appeared aware of the benefits, either for individuals or for their organisations, of early detection of depression and treatment for employees who recognised that they were depressed.

### **Concluding comments**

Given that that silence is essentially ambiguous, managers may simply fail to understand the real causes for employee silence and instead interpret it either unconsciously or otherwise in a way which is most expedient for them (Dyne, Ang & Botero 2003). It would seem, therefore, that if the concept of work-based mental health education is to be successful, there are several matters to overcome.

Some managers are unaware of the data about depression and the intrinsic cost to businesses if their employees are depressed. Some managers are not trained in human resources and need increased information about access to currently available, inexpensive sources of information to utilise when assisting their employees who may be depressed. Importantly too, those managers need to have enough education to increase their level of comfort about undertaking such activities. External programs or those which are held in an individual organisation's own premises by expert providers may be very useful in overcoming stigma and ignorance about depression. Again, however, such educational programs would need to be inexpensive, flexible and

tailored to individual business needs to make them attractive to an industry sector in which the inherent dual costs of education and loss of revenue emerge as one of several factors in limiting their appeal.

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